



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Title 5 Permitting
**DEP Inspection and O&M Form and Checklist for Title 5
Greywater Disposal Systems Piloting**

Greywater piloting inspection results must be submitted on this DEP form.

A. Facility

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Owner

Facility Street Address

City/Town

Zip Code

2. Mailing address of owner, if different:

Street Address

City/Town

State

Zip Code

() - ext

Telephone Number

B. Authorized Provider

O&M Firm

Facility Street Address

City/Town

State

Zip Code

() - ext

Telephone Number

Inspector Name

☐ PE

☐ RS

C. Facility/System Information

DEP Transmittal Number

GW

Greywater Project ID Number

Installation Date

Start of Operation

Date of Inspection

Previous Inspection Date

System is: ☐ Remedial

☐ New Construction

System facility is occupied?

☐ Yes

☐ No

Seasonal Residence: used less than 6 mo./year:

☐ Yes

☐ No

Pumping Recommended

☐ Yes

☐ No



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D. Indicate whether the following items have been inspected

Inspection of absorption system:

SAS ☐

Modified SAS ☐

Greywater Garden ☐

Other ☐

Condition of soil absorption system

Ponding anywhere in system?

☐ Yes

☐ No

Location of ponding:

Pressure distribution ☐

Gravity distribution ☐

If pressure distribution, has system been inspected in accordance with 310 CMR 15.254? ☐ Yes ☐ No

E. System Components Inspected

Septic Tank:

☐ Yes

☐ No

☐ N/A

Condition of septic tank

Pump Chamber:

☐ Yes

☐ No

☐ N/A

Condition of pump chamber

Recirculation Tank:

☐ Yes

☐ No

☐ N/A

Condition of recirculation tank

Overflow/Storage Tank:

☐ Yes

☐ No

☐ N/A

Condition of overflow/storage tank

System Alarms:

☐ Yes

☐ No

☐ N/A

Condition of alarms

Level Controls:

☐ Yes

☐ No

☐ N/A

Condition of level controls

Pump(s) inspected: ☐ Yes ☐ No ☐ N/A

Number

Distribution laterals: ☐ Yes ☐ No ☐ N/A

Cleaned: ☐ Yes ☐ No

Effluent tee filter: ☐ Yes ☐ No ☐ N/A

Cleaned: ☐ Yes ☐ No

Located



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E. System Components Inspected (continued)

Lint filter: ☐ Yes ☐ No ☐ N/A

Cleaned: ☐ Yes ☐ No

Located

Grease trap: ☐ Yes ☐ No ☐ N/A

Cleaned: ☐ Yes ☐ No

Located

F. Greywater Garden

If a GW garden, is it:

☐ Indoors

☐ Outdoors

GW garden components inspected:

Humidistat

☐ Yes

☐ No

Thermostat

☐ Yes

☐ No

Other controls (describe below)

☐ Yes

☐ No

Aerator

☐ Yes

☐ No

Planting bed media: wet?

☐ Yes

☐ No

Planting bed liner: watertight?

☐ Yes

☐ No

Comments on GW garden components:

Condition of plants used for transpiration:

G. General

System facility is occupied? ☐ Yes ☐ No

Number of days since last inspection

Water use metered in gallons:

gallons

Gallons in overflow tank (last inspection)

gallons

Gallons in overflow tank (current inspection)

gallons

Number of people using facility regularly



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G. General (continued)

Maintenance performed:

Comments/Deficiencies:

H. Sampling Information

Samples Taken: ☐ Influent ☐ Effluent ☐ None

Parameters sampled:

☐ pH ☐ BOD ☐ TSS ☐ Oil & Grease ☐ Surfactants

☐ Ammonia ☐ Nitrate ☐ TKN ☐ Fecal coliform* ☐ E. coli*

☐ Enterococci ☐ Water Use ☐ No. of Users

☐ Other (specify): _____

* Please attach laboratory test results.

I. Certification

I certify: I have inspected the greywater disposal system at the address above, have completed this report and the attached technology operation and maintenance checklist, and the information reported is true, accurate, and complete as of the time of the inspection. I am a Massachusetts Registered Professional Engineer or Massachusetts Registered Sanitarian.

PE or RS Signature

Date

System owner must submit this report and any required sampling results to the local board of health and DEP for Greywater Piloting Use within 30 days of inspection date.

Address for DEP copy:

Department of Environmental Protection
Title 5 Permitting Program
1 Winter Street, 6th floor
Boston, MA 02108